

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 744358	RECEIPT DATE:	01 / 22 / 01
IA NUMBER:	PCT/ JP99 / 03896	IA FILING DATE:	07 / 21 / 99
FAMILY NAME:	ISHII	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	KENICHI	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	07 / 21 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	P/1905-98	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 2123820700
			FAX

NAME: OSTROLENK FABER GERE & SOFFEN

STREET: 1180 AVENUE OF THE AMERICAS

CITY: NEW YORK

STATE/COUNTRY: NY ZIP: 100368403

EMAIL:

APPLICATION TITLES:

RADIO COMMUNICATION APPARATUS IN RADIO PACKET COMMUNICATION SYSTEM

TAB TO LAST POSITION, PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

SERIAL NUMBER 09/744,358	FILING DATE 01/22/2001 RULE -	CLASS 340 376	GROUP ART UNIT 2635 263	ATTORNEY DOCKET NO. P/1905-98
APPLICANTS Kenichi Ishii, Tokyo, JAPAN; Tomoki Osawa, Tokyo, JAPAN; ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/JP99/03896 07/21/1999 ** FOREIGN APPLICATIONS ***** JAPAN 205682 07/21/1998				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/23/2001				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance Verified and <i>chey</i> Acknowledged <i>me</i> Examiner's Signature Initials		STATE OR COUNTRY JAPAN	SHEETS DRAWING 9	TOTAL CLAIMS 6
INDEPENDENT CLAIMS 1				
ADDRESS 2352				
TITLE Radio communication device for radio packet communication system				
FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	